SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION

Registration by Candidate

7. CANDIDATE RESIDENCE ADDRESS

705

142 Chimney Sweep Hill Rd

9. CANDIDATE TELEPHONE

Revised September 2016



	THE MENT COMMISSION OF THE PROPERTY OF THE PRO				
REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)		2. MUNICIPALITY		
		((If applicable)		
✓ Initial Amendment	Nov 2018				
3. OFFICE OR POSITION S	OUGHT			4. DISTRICT NUMI	BER
				(If applicable)	
State Representative				031	
5. PARTY AFFILIATION					
Republican	Democratic · Other	î (Specif)	Green Party		
6. CANDIDATE NAME					
First Name	MI		Last Name		Suffix
Monica	L		Szymonik		

Address

City

8. CANDIDATE MAILING ADDRESS (If different)

State

Zip Code

11. DESIGNATION OF CAMPAIGN FUNDING SOURCE

8789

(Check one)

Glastonbury

(Include Area Code)

860

City

✓ A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.

monica@szymonik.com

Go to Form 1A and complete pages 2 and 3 — Candidate Registration Statement.

Zip Code

06033

10. CANDIDATE EMAIL ADDRESS

State

CT

B. I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee.

Go to Form 1B and complete page 4 — Certification of Exemption from Forming a Candidate Committee.

Important Notice: Failure of a candidate to complete this page *together with* either Form 1A, "Registration of Candidate Committee," *or* Form 1B "Exemption from Forming a Candidate Committee," within 10 days of becoming a candidate will subject the candidate to a mandatory \$100 late filing fee.

See Section 9-623(b), Connecticut General Statutes.

Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.

SEEC FORM 1A

STATE ELECTIONS ENFORCEMENT COMMISSION

Candidate Committee Registration Statement

Revised September 2016



REGISTRATION TYPE CANDIDATE NAME						
✓ Initial I Amendment Monica L Szyn	I Amendment Monica L Szymonik					
12. COMMITTEE NAME						
Monica for District 31	Monica for District 31					
13. COMMITTEE ADDRESS 4. & 15. COMMITTEE EMAIL ADDRESS & WEBSITE						
Address	Email Address					
142 Chimney Sweep Hill Rd		monica.peter@szymonik.com				
State Zip Co			Website			
Glastonbury	CT	06033	www.crowdpac.com/campaigns/382565/m			
16. TREASURER NAME						
First Name		MI	Last Name Suffix			
Peter			Szymonik			
17. TREASURER RESIDENCE ADDRESS			18. TREASURER MAILING ADDRESS (If different)			
Street Address			Address	Address		
142 Chimney Sweep Hill Rd						
City	State Zip Code		City	State	Zip Code	
Glastonbury		06033				
19. TREASURER TELEPHONE 20. TREASURER EMA			AAIL ADDRESS			
860 614 7721 Szymonik@gmail.com						
21. DEPUTY TREASURER NAME						
First Name		MI	Last Name		Suffix	
22. DEPUTY TREASURER RESIDENCE ADDRESS			23. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address			Address			
City	State	Zip Code	City	State	Zip Code	
24. DEPUTY TREASURER TELEPHONE	25. DEP	UTY TREAS	URER EMAIL ADDRESS			
(Include Area Code)						
26. DEPOSITORY INSTITUTION NAME	26. DEPOSITORY INSTITUTION NAME					
TD Bank						
27. DEPOSITORY INSTITUTION ADDRESS						
Address 2461 Main Street, Glastonbury, CT 06033						
<u> </u>						

SEEC FORM 1A Revised September 2016

REGISTRATION	ГҮРЕ	CANDIDATE NAME	
✓ Initial An	nendment	Monica L Szymonik	
28. CERTIFICATIO	ON		
committee this statement	registration	on statement are true and access my certification to the fac	e statement, that all of the designations set forth in this candidate curate to the best of my knowledge and belief, and further, that ct that any individual designated herein to serve as my treasurer ceptance of my appointment of them to those positions.
Monica L S	Szymonik		03/29/2018
CANDIDATE SI	GNATURE		DATE (mm/dd/yyyy)
I certify that jurisdiction under Title plea or the canother such	ts as cont or restrict t I have p t I have n , any (A) 9 of the C completic h felony o	f Connecticut. I intend to co ained in Chapter 155 through ions concerning campaign	treasurer of this candidate committee. I certify that I am an amply with all the campaign finance registration and disclosure the 157 of the General Statutes, and to abide by any prohibitions, contributions and expenditures. The feitures assessed pursuant to Chapters 155 to 157, inclusive. It guilty or nolo contendere to, in a court of competent gery, larceny, embezzlement or bribery, or (B) criminal offense ast eight years have elapsed from the date of the conviction or the date is later, without a subsequent conviction of or plea to
Commission	n.	t otherwise barred from serv	ring as a treasurer by order of the State Elections Enforcement
Peter Szym			03/29/2018
TREASURER SI	GNATURE		DATE (mm/dd/yyyy)
candidate to and accept to automatical that I am an disclosure r	o serve as that, in the ly become a elector in requireme	the candidate's designated of e event of a vacancy caused e responsible for discharging the State of Connecticut. Into as contained in Chapter	e statement, that I have accepted my appointment by the deputy treasurer of this candidate committee, and I understand by the treasurer's death, incapacity or resignation, I shall g all of the duties required of the vacating treasurer. I certify I intend to comply with all the campaign finance registration and 155 through 157 of the General Statutes, and to abide by any ag campaign contributions and expenditures.
I certify tha	t I have p	aid any civil penalties or for	rfeitures assessed pursuant to Chapters 155 to 157, inclusive.
jurisdiction under Title	, any (A) 9 of the Completic	felony involving fraud, forg General Statues, or that at least on of any sentence, whichever	I guilty or nolo contendere to, in a court of competent gery, larceny, embezzlement or bribery, or (B) criminal offense ast eight years have elapsed from the date of the conviction or er date is later, without a subsequent conviction of or plea to
I certify tha Enforcemen			ring as a deputy treasurer by order of the State Elections
DEPUTY TREAS	SURER SIGNA	TURE	DATE (mm/dd/yyyy)



SEEC FORM 1B

STATE ELECTIONS ENFORCEMENT COMMISSION **Certification of Exemption From Forming**





REGISTR	ATION TYPE	CANDIDATE NAME				
☐ Initial	☐ Amendment					
12. REASO	N FOR EXEMPTION	ON FROM FORMING A CANDIDATE COMMITTEE				
	I hereby certify that I am exempt from forming a candidate committee because (CHECK ONE)					
poli	A. I am one of a slate of candidates whose campaigns are being funded solely was tow committee or a political committee formed for a single election or primary and expendit to the decomposition of the properties of the committee sponsoring my candidacy. The name of this spaces of the committee is:					
		OR				
con thou	tributions from cusand dollars (\$	ny campaign entirely from my own erstand funds and will not request or receive other individuals or committees and I to derstand a if I make expenditures exceeding one 1,000) that I shall be reconstant for filing francial disclosure statements (SEEC Form 23) me schedule and in the tank manner as record of treasurers of candidate committees.				
C.	I do not intend	to receive experience funds in excess of one thousand dollars (\$1,000). OR				
□ D.	I do nd	to sceive or expend any funds, including personal funds, for this campaign.				
13. CER						
can		state, under penalties of false statement, that this statement of exemption from forming a se, for the reason checked above, is true, accurate and complete to the best of my ef.				
CAN	DIDATE SIGNATURE	DATE (mm/dd/yyyy)				